

**LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration**

**Adult Quality Improvement Committee Meeting
Kimber Salvaggio, Chair**

**May 19, 2011
San Fernando Mental Health Center
10:00am-11:30am**

Agenda

Welcome & Introductions
Review of Minutes –March 2011*
Announcements

Kimber Salvaggio
All
All

Quality Improvement

Cultural Competency Committee
PRO
Clinical Issues
Security in Clinics
QI EVALUATION REPORT
SA Test Calls*

Maria Di Battista, ECDA
Kimber
Kimber
Kimber
Kimber
Kimber

Quality Assurance

Announcements
Audits
 • EPSDT
 • In Patient
 • Auditor Controller
Technical Asst.
 • Taxonomies*
 • CCCP/SFPR Update

Kimber
Kimber

Kimber

Other Issues

Upcoming Agenda Items
Adjournment

All
Kimber Salvaggio

* Handout

**Next Meeting: July 21, 2011 at SFMHC
10-11:30am**

QUALITY IMPROVEMENT WORK PLAN CY 2011

I. MONITORING SERVICE DELIVERY CAPACITY

1.
 - a. The Penetration Rate for Latinos below the 200% Federal Poverty Level (FLP) will be maintained at 45%.
 - b. The Retention Rate for Latinos will be maintained at 44.6% for 5-15 services and at 52% for 16 or more services.
 - c. The Penetration Rate for Asian/Pacific Islanders below the 200% Federal Poverty Level (FLP) will be increased by 0.2% from 28.3% to 28.5%.
 - d. The Retention Rate for Asian/Pacific Islanders (API) will be maintained at 4.3% for 5-15 services and at 4.7% for 16 or more services.
2. The Cultural Competency Unit, the Cultural Competency Committee, the Quality Improvement Council, and the Service Area Quality Improvement Committees will collaboratively identify and select strategies and interventions to improve the API Penetration Rate (for the Population at or below 200% poverty) which has decreased by 3.2% between 2007 and 2010.

II. MONITORING ACCESSIBILITY OF SERVICES

1. Increase the access to after-hours care by 1% from 68% to 69% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene and continue year to year trending.
2. Maintain the rate of abandoned calls (responsiveness of the 24-hour toll free number) at an overall annual rate of 15%.
3. Increase the overall rate by 1% from CY 2010 to CY 2011 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending. [Source: Performance Outcomes].
4. Increase the overall rate by 1% from CY 2010 to CY 2011 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].

III. MONITORING BENEFICIARY SATISFACTION

1. Continue to participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending.
2. Increase by 1% from CY 2010 to CY 2011 consumers/families reporting that staff were sensitive to cultural/ethnic background [Source: Performance Outcomes].
3. Increase by 1% from CY 2010 to CY 2011 for the Overall Satisfaction Average Mean Score and initiate year to year trending. [Source: Performance Outcomes].
4. Increase by 1% from CY 2010 to CY 2011 consumers/families reporting that written materials are available in their preferred language and continue year to year trending.
5. Continue to identify areas for improvement for Service Area QICs for use in quality improvement activities, and increase Service Area Quality Improvement Projects from 2 to 4.
6. Continue to Monitor and improve beneficiary grievances, appeals and State Fair Hearings processes, including instituting new electronic system and annual reporting for policy changes.
7. Continue to improve responsiveness to Beneficiary Requests for Change of Provider. Continue to monitor reports on the reasons given by consumers for their change of provider request and integrate measures into new electronic system.

IV. MONITORING CLINICAL CARE

1. Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.
2. Continue EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.

V. MONITORING CONTINUITY OF CARE

1. Consumers will receive continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access - PHOA) and continue RC2 PIP in collaboration with APS/EQRO and Statewide consultants.

VI. MONITORING OF PROVIDER APPEALS

1. Continue monitoring the rate of zero appeals through CY 2011.

LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration

Adult Quality Improvement Committee Meeting

These are the links to the handouts from our SA2 QIC meeting on 5/19/11:

DMH Policy/Procedure: Standards for Prescribing and Furnishing of Psychoactive Medications
http://dmh.lacounty.gov/policy/Contractors/docs/103_01.pdf

Clinical Records Bulletin: Mental Health Triage Forms
http://dmh.lacounty.gov/ToolsForAdministrators/Agency_Administration/documents/CRB%202011%2001.pdf

Clinical Records Bulletin: Obsolete Forms & New MH 678 – Adult Short Assessment Form
http://dmh.lacounty.gov/ToolsForAdministrators/Agency_Administration/documents/CRB%202011%2002.pdf

Clinical Records Bulletin: New Clinical Records Forms Inventory
http://dmh.lacounty.gov/ToolsForAdministrators/Agency_Administration/documents/CRB%202011%2003.pdf

Clinical Records Bulletin: Forms Usage Chart
http://dmh.lacounty.gov/ToolsForAdministrators/Agency_Administration/documents/CRB%202011%2004.pdf

QA Bulletin: Claiming for Groups
http://dmh.lacounty.gov/ToolsForAdministrators/Agency_Administration/documents/11-02%20Group%20Claiming%20Final.pdf

QA Bulletin: New Procedure Codes Oral Administration of Medications & Medication Injections
http://dmh.lacounty.gov/ToolsForAdministrators/Agency_Administration/documents/11-01%20New%20Medication%20Procedure%20Codes.pdf

RMD Bulletin: More Mental Health Services & Medication Support Services
<http://dmhhportal1/sites/RMD/RMD%20Bulletins%20%20Directly%20Operated%20Programs/2011%20RMD%20Bulletins/DMH%20RMD%20Bulletin%2011-009%20-%20More%20Mental%20Health%20%20Medication%20Support%20Services%20Directly%20Billable%20to%20Medi-Cal.pdf>

Quality Improvement Work Plan CY 2011
http://psbqi.dmh.lacounty.gov/QI/Report_Final/QUALITY%20IMPROVEMENT%20WORK%20PLAN%20GOALS%20FOR%202011.pdf

Quality Improvement Work Plan Evaluation Report Calendar Year 2010
<http://psbqi.dmh.lacounty.gov/QUALITY%20IMPROVEMENT/QI%20Evaluation%202010%20and%20Work%20Plan%202011.pdf>

Sixteen State Study on Mental Health Performance Measures
http://psbqi.dmh.lacounty.gov/QI/Report_Final/Sixteen%20State%20Study%20on%20Mental%20Health%20Performance%20Measures%202003.pdf

LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration
Quality Improvement Committee Adult

Kimber Salvaggio, Chair

MINUTES – Thursday, May 19, 2011

Facilitator – Kimber Salvaggio

Present

Angela Kahn - SFVCMHC, Inc
Dora Escalante – JFS
James Coomes – DMH – UCSP
Ken Bachrach - Tarzana Tx Ctr
Leslie DiMascio – SFVCMHC, Inc
Nahid Naghav – DMH - Program Review
Michelle Logvinsky – Topanga West
Sabrina Barcheski – Santa Clarita Valley MHC
Sandra Gonzales – El Dorado
Wendi Tovey – San Fernando MHC

Absent

Cheryl Driscoll - Hillview
Denise Greenspan - Hillview
Dominique Eugene – PACS
Eileen Maronde – West Valley MHC
Hosun Kwon – APCTC
Jim Randall – DMH O & E
La Tina Jackson – DMH – WVMHC
Maria Di Battista - ECDA
Michelle Majors – DMH – SCVMHC
Michele Renfrow – DMH
Penny Greenblatt - JFS
Stacy Sigman – Bridges

Other(s)

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
<p><u>Welcome & Introductions/Announcements</u></p> <p><u>Review of Minutes</u></p> <p><u>QI PORTION</u></p> <p><u>Cultural Competency Report</u></p> <p><u>PRO</u></p>	<ul style="list-style-type: none"> March <p><u>QI PORTION</u></p> <ul style="list-style-type: none"> Report pending ECDA until July mtg Continuing work on the data collection for the 	<p>Approved</p> <p><u>QI PORTION</u></p>

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
<p><u>SA Test Calls</u></p> <p><u>QA PORTION</u></p>	<ul style="list-style-type: none"> • SA 4 year trending for penetration info • Move into accessibility includes collaboration with the ACCESS ctr • Eval for 2010 – work plan for 2011 • Report is done – in revisions • Will be re-posted with minor revisions • Last survey period that included the state contracting with university of Sacramento – results – only about 2 % from LA County • Planning on a 'plan b' to conduct a survey in July • Will be done by SA • Like a secret shopper survey • Get volunteers from our SA <p><u>QA PORTION</u></p>	<p>Contact Kimber if you would like to volunteer to participate</p> <p><u>QA PORTION</u></p>
<p><u>QA Announcements</u></p> <p><u>Audits</u></p>	<ul style="list-style-type: none"> • Norma Cano new Program Review PH (replacing Gloria Lara) • Donna Kay Davis – interim division chief for Norma's position • Olive View in-pt April • Harbor exit conference <ul style="list-style-type: none"> ○ audit dates 3/14-18/2011 audit period 4-6/2010 – 58 records audited ○ 361 days reviewed ○ 143 were acute days - of the 143 days 55 days were disallowed ○ 218 admin days – of the 218 days 	

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
	<p>141 days were disallowed</p> <ul style="list-style-type: none"> ○ 42 reviewed records for administrative days - 38 of the 42 were allowed for admin; 38 met medical necessity – 1 had no qualifying dx and 1 no qualifying impairment – cannot bill mc for placement to regular b and care – primary dx of mental retardation disconnect with RC services to place Auditor-Controller ENKI – 4/18 both fiscal and program, the children's center of antelope valley • QSR – consent stage so info could change: Valley Child Guidance; ECDA; Children's Bureau; kids connection; SPFC Lancaster; 5 acres day rehab, Palmdale • EPSDT – State dmh signed contract – will resume July 2011 	
<p><u>QA Technical Asst.</u></p>	<ul style="list-style-type: none"> • Taxonomy Reports – review of final draft memo <ul style="list-style-type: none"> ○ <u>Table A</u> licensed or registration required ○ Staff discipline is la county only ○ Expanded the list of taxonomies – bolded used previously ○ <u>Table B</u> – does not required license or registration ○ Look at federal definitions of taxonomies 	

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
	<ul style="list-style-type: none"> ○ Table C – students – grouped into one taxonomy ○ Special taxonomy situation – licensed physician or psychiatrists who is a resident – registered soc workers and waived psychologists ○ Attachment 2 –Resubmit rendering provider forms on behalf of ○ For EDI – update your system now ○ Don't hold original claims – but hold denied – is the 30 (97) day claim deadline still in effect – Jen to f/u??? • CCCP/SFPR Update – current draft policy <ul style="list-style-type: none"> ○ Met with unions ○ Problems with responsibility of ensuring goals <ul style="list-style-type: none"> • Might be called roles of responsibility for ct care • HOS – 1st point of contact for receiving and making appropriate disposition • SFPR – new responsibilities - must be an individual – just about coordinating - primary contact will be about the plan and objectives ○ Changing cccp annual review date – your cycle month is the day of admission to my program- if not the sfpr but just a primary contact – all programs will use the month of admission to program= annual 	

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
<p><u>Handouts</u></p> <ul style="list-style-type: none"> • March Mtg Minutes • QI work plan CY2011 • Links to Handouts • Test Calls Project, 2011 • 5/9/11 revised taxonomy memo <p><u>Adjournment</u></p>	review date	

Respectfully Submitted by Kimber Salvaggio

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION

DATE: May 9, 2011

TO: Service Area QIC Chairs, Co-Chairs, Liaisons

FROM: Martha Drinan, RN, MN, CNS
District Chief

Josh Cornell, PsyD
Clinical Psychologist II

SUBJECT: **TEST CALLS PROJECT, 2011**

Consistent with the recommendations from the Summary Report of Accessibility: Monitoring Test Calls to 24/7 Toll Free Access Line (see attached) conducted in 2010, Service Area QICs will participate in the 2011 Test Calls Project. The annual Test Calls Project is conducted in collaboration with the ACCESS Center in accordance with the California Code of Regulations, Title 9, Chapter 11, Section 1810 (CDMH Medi-Cal Protocol: Section A – Access, Section H – Quality Improvement) and the State Performance Contract.

From July 1, 2011 to August 31, 2011, each SA QIC will be responsible for completing 10 test calls, with 5 calls in English and 5 in a non-English language. Each Test Caller is to complete a Service Area Test Calls to Access Line Form (see attached) for each call placed to the ACCESS Center. Instructions for completing Test Calls are attached (see Test Call Instructions, Test Call Guidelines, and Test Call Scenarios).

Once the 10 test calls are completed, please return all Service Area Test-Calls to ACCESS Line Forms to Josh Cornell by October 10, 2011.

Please feel free to contact Josh Cornell by telephone at (213) 251-6570 or email at jocornell@dmh.lacounty.gov, should you have any questions or concerns. Thank you for your continued participation in the Test Calls Project.

LAC-DMH PSB QUALITY IMPROVEMENT DIVISION (FY 2011-2012)

SERVICE AREA TEST- CALLS TO ACCESS LINE FORM

ACCESS PHONE (800) 854-7771

Please Complete One Form per Test Call

SERVICE AREA: _____

DATE: _____ Start time: _____ End time: _____ Total Call Time: _____

NAME USED FOR TEST CALL: First: _____ Last: _____ and/or

NAME FOR WHOM YOU REQUESTED SERVICES: First: _____ Last: _____

TEST-CALLER'S REAL NAME: First: _____ Last: _____

LANGUAGE USED IN CALL: English Spanish Other Non-English Language (circle)

LANGUAGE USED BY CALLER, IF NOT ENGLISH or SPANISH: _____

1) How many minutes elapsed between initiating the call and a *live human being* answering? _____

2) Were interpreter services offered? Yes No

For Spanish calls, were you satisfied with interpreter services? Yes No

If no, explain any problems. _____

3) Did the employee offer his/her first name? Yes No
(If name not offered, test caller must ask for the first name of the employee.)

First name of employee: _____

4) Did the employee ask for your name? Yes No

5) Reason for call or type of help requested: (circle)
Counseling or therapy medication request information

6) Did employee inquire if the situation was an emergency or crisis? Yes No

7) Were you put on hold? Yes No If yes, how many minutes? _____

8) Were you given a referral for mental health services? Yes No

9) In general, were you satisfied with the knowledge and helpfulness of employee? Yes No

Thank you for your participation. Please submit completed form to your SA QIC Chair

THIS SECTION TO BE COMPLETED BY QI DIVISION:

10) WAS CALL LOGGED BY ACCESS CENTER EMPLOYEE (name, date, and disposition)? Yes No

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2011-2012)

Test Call Guidelines

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "Each MHP shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(f) specifies: "The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.410(d)(1) specifies: "Each MHP shall provide: a statewide, toll-free telephone number available 24 hours a day, seven days a week, with language capacity in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d)."

PURPOSE OF THE TEST CALLS

Calls to test the MHP's Access Line (not clinic or other hotline numbers) in the following areas:

- Availability 24-hours a day, seven days a week
- Knowledge and helpfulness of the Access Line staff
- Recording of the call on requests-for-service log
- Response capability in a non-English language

BASIC PRINCIPLES OF THE TEST CALLS

- A) **Do not call with an emergency or crisis scenario.** Please call with a routine request for specialty mental health services. If you state that this is an emergency or crisis call, the MHP may contact law enforcement or other emergency personnel.

Test Call Instructions

Before making a test call, please be aware that the Access Center employee MAY ASK YOU for your name, social security number, date of birth, phone number and address. Prior to making a Test Call, decide what personal information you are willing to share and what fictional information you will be providing.

You will also be asked whether you are a Medi-Cal recipient of services and you should respond that you are NOT. If you respond that you are a Medi-Cal recipient you will be asked for your Medi-Cal number.

IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A "SECRET SHOPPER." Decide in advance how you want to respond to the following questions.

- Caller's name?
- Caller's social security number? (You are encouraged to make one up in advance of the call or state your unwillingness to provide it.)
- Caller's date of birth?
- Caller's phone number?
- Caller's address?

DO NOT CALL WITH A CRISIS OR EMERGENCY SCENARIO. If you want scenario ideas, see the Test Call Scenarios document. You may follow the scenarios exactly or use them to help you in developing your own scenario. When applicable, inquire about the process for obtaining a list of mental health providers in your area.

Be sure to also read the Test Call Guidelines.

TEST CALL SCENARIOS

The following are scenarios you can use to make the test calls or use as ideas to develop your own script. Please note that the scenarios are not crisis or emergency situations and each is an initial request for mental health services

Scenario # 1 Parent calling regarding their child who has signs of depression:

Hello, I'm calling to see if I can get help for my son. My son mainly stays in bed in his room for long periods of time and won't come out. He has not been talking much to anyone. He has lost weight and hasn't been eating much. His grades have gone down at school. I brought him to our family doctor and he told me to call for mental health services for my son. My son has not had mental health services before. I'm calling to ask you what I should do.

Scenario # 2 Grief after recent loss

I'm calling to see if you can help me. I've had a recent loss of a loved one and have been crying a lot and unable to concentrate. I haven't been interested in going places or doing things. I've even lost weight. I went to my family doctor and he said that I'm depressed and could benefit from counseling. Do you know where I can get help?

Scenario # 3 Request for medication

I just moved here about a month ago. I found your phone number in the phone book. I was seeing a psychiatrist until a month ago and was taking medication. I lost my medication during the move. I need to see a doctor about my medication. Can you help me?

Scenario # 4 Request for information

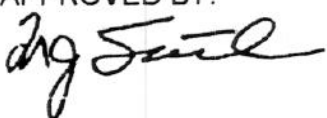
I would like to talk to someone about the problems I'm having. I haven't had mental health services before. I thought I could handle the problems myself. I recently lost my job (or, recently got a divorce, etc) and I need to talk to someone because I'm getting very anxious, upset and can't sleep or concentrate. Could you give me information on where I could get services? Would I go to a clinic or could I go to a private psychiatrist?

How could I get a list of private psychiatrists close to where I live so I could have information on what my choices are?

(Or, how would I get a copy of a beneficiary booklet that would tell me how to obtain services?)



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: LANGUAGE INTERPRETERS	POLICY NO. 202.21	EFFECTIVE DATE 08/01/04	PAGE 1 of 2
APPROVED BY:  Director	SUPERSEDES 202.21	ORIGINAL ISSUE DATE 05/14/04	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To provide Department of Mental Health (DMH) policy and guidelines to ensure all non-English speaking DMH consumers receive equal access to services in the language of their choice (i.e., consumer's primary or preferred language).

- 1.1.1 Under no circumstances shall a consumer be denied services because of language barriers.

POLICY

- 2.1 DMH will continue to recruit and hire mental health professionals who are proficient in non-English languages
- 2.2 In accordance with applicable Federal, State and County Policy and Agreements, DMH will provide equal access to all non-English speaking mentally ill consumers in Los Angeles County.

PROCEDURE

- 3.1 The DMH Training and Cultural Competency Bureau will make annual training available in the use of interpreter services for staff that have direct consumer contact.
- 3.2 Brochures and other forms of literature will be made available in the eleven (11) threshold languages for directly operated and contract clinic sites. Other than English, the threshold languages are: Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other-Chinese, Russian, Spanish, Tagalog and Vietnamese:
 - 3.2.1 Directly operated and contract programs will have access to AT&T Language Line Services interpreter services 24 hours a day, 7 days a week, via ACCESS CENTER at 800-854-7771.
 - 3.2.2 Directly operated and contract programs will maintain an internal roster of staff proficient in non-English languages.
 - 3.2.2.1 DMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation.

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

JDERICK SHANER, M.D.
Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, STE 502
LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-2289
Fax: (213) 381-8386

May 9, 2011

TO: DMH Program Heads
Contract Agency Executive Directors

FROM: Norma Fritsche *NAF*
MHC District Chief, Quality Assurance Division

SUBJECT: **UPDATES TO REVISED STAFF TAXONOMIES AND STATUS**

Urgent Attention Required
Webex Scheduled for May 11th, 1:00pm-2:00pm

Background:

As part of Short-Doyle/Medi-Cal Phase II (SD/MC II), the State Department of Mental Health (State DMH) issued a list of staff Taxonomy (Taxonomy) codes that would require a Coordination of Benefits (COB) on all claims for clients with Medicare and Medi-Cal (Medi-Medi). Any other Taxonomy would NOT require a COB for Medi-Medi clients. In response to this, a Memo was issued on January 24, 2011 regarding revisions to Taxonomy and staff disciplines in order to comply with the State DMH directive. The Memo instructed Providers to submit changes to Taxonomy based on the list of staff disciplines and associated Taxonomies provided in the Memo.

Since that time, LAC-DMH has become aware of discrepancies between the federal definitions of Taxonomies and the State DMH's directive and the resulting LAC-DMH Memo. In an effort to clarify these discrepancies, LAC-DMH has been in conversations with LAC-DMH County Counsel and the State DMH. As a result of these conversations, LAC-DMH cannot instruct staff to use a specific Taxonomy if the federal definition of the Taxonomy would not support that specific use. Agreements have been reached that allow LAC-DMH to identify appropriate modifications to the previously issued Taxonomy table that will better comply with the federal definitions. These modifications require revisions to the previously issued Taxonomy list.

Note: While the requirement for a Drug Enforcement Administration License (DEA) is not part of any taxonomy definition, the LAC-DMH data system requires a DEA for access to the Prescription Authorization Treatment System (PATS). For this reason, it will be necessary to continue to add the requirement of a DEA to the list of Taxonomies and staff that can appropriately use them.

Newly Updated Staff Taxonomy Lists (Attachment 1):

Note: Taxonomy lists will now be based on the Taxonomy Code, Taxonomy Description, and License/Registration/Certification/DEA (if applicable). LAC-DMH provides a staff discipline column for information purposes ONLY.

For Taxonomies which require a license, registration, certification, and/or DEA for service or claims processing (see Attachment 1 Table A), LAC-DMH has revised and updated the list of appropriate Taxonomies for which it will reimburse. This list includes the instances in which the license/registration/certification and Taxonomy combination complies with State DMH requirements under SD/MC II and appropriate federal definitions of Taxonomies. This list has also been expanded from the list issued in the January 24 Memo to include additional reasonable Taxonomies within a category of staff to provide greater choice, and in some cases specificity, allowed by the federal Taxonomy definitions. The bold Taxonomies in Attachment 1 are the Taxonomies that appeared in the January 24 Memo list.

For Taxonomies that do NOT require a license, registration, certification, and/or DEA for service or claims processing (see Attachment 1 Table B), LAC-DMH has also revised and updated the list of Taxonomies for which it will reimburse. This list includes Taxonomies for disciplines/types of staff LAC-DMH believes would be operating in the Mental Health System but would not be providing services that require a specific license, registration, certification, and/or DEA for claiming. The selection of these Taxonomies should be guided entirely in accord with the federal definition of the Taxonomies. Taxonomy definitions can be found at: <http://www.wpc-edi.com/taxonomy>

For Taxonomies of students (see Attachment 1 Table C), LAC-DMH has removed the staff discipline that was associated with the Student Taxonomy in the January 24 Memo and has expanded the Student Taxonomy to account for all students. In order to comply with the federal Taxonomy definition and usage instructions from the Center for Medicare and Medicaid Services, all students, regardless of their discipline, will use the single Student Taxonomy.

Special Taxonomy Situations:

For Licensed Physicians/Psychiatrists who are still in a residency program, **registered social workers, and waived psychologists** there are conflicts between the federal definition of the Taxonomies and the rules issued by State DMH regarding claiming to Medicare. By federal definition, licensed, resident physicians/psychiatrists may use Taxonomies beginning with 207 or 208 and registered social workers may use Taxonomies beginning with 104. However, all these Taxonomies would require a COB in order to obtain Medicare reimbursement and these staff are not eligible to claim to Medicare. For waived psychologists, there is no Taxonomy specifically identified by the federal definitions. The State DMH has issued DMH Informational Notice No: 11-06 which states "non-licensed physicians in residency programs, registered social workers, and waived psychologists, should use another appropriate Taxonomy code on claims". Based

DMH PROGRAM HEADS/CONTRACT EXECUTIVE DIRECTORS

May 9, 2011

Page 3 of 6

on this statement, LAC-DMH has identified suggested Taxonomies for these staff to use (see below). However, LAC-DMH does not require these suggestions be used. Rendering Providers in conjunction with their Legal Entity may choose from any Taxonomy listed in Attachment 1 so long as any requirement for licensure, certification, registration and/or DEA by the federal definition or LAC-DMH requirement for that Taxonomy can be met. Legal Entities may choose to consult with their own legal counsel regarding the appropriate Taxonomy for these staff.

Staff Discipline	Suggested Taxonomy	Taxonomy Description
Physician/Psychiatrist (Licensed, Resident)	174400000X	Specialist
Social Worker (Registered)	101YM0800X	Counselor, Mental Health
Psychologist (Waivered)	225C00000X	Rehabilitation Counselor

Actions LAC-DMH Will Take Based on Information Provided in Previously Submitted Reports (Attachment 2):

CIOB has already started removing all staff identified on the previously submitted Reports as "terminated". No other updates have been made, as of the date of this Memo, to Rendering Provider Taxonomies based on the updates Providers sent on the Reports.

Beginning on May 16, 2011, CIOB will be instructed to start updating the Taxonomies in the IS in accord with Attachment 2 of this Memo. Because Reports were submitted based on the Taxonomies listed in the January 24 Memo, the Quality Assurance Division has utilized this list to identify what actions will be taken based on the Reports sent in. That is, if the submitted Report indicates a change to a Taxonomy from the Jan 24 Memo, that change will be made in the IS in accord with the LAC-DMH Action identified in Attachment 2. Please note that LAC-DMH will not take an action for every Taxonomy, so please review Attachment 2 carefully and see below for actions Rendering Providers/Legal Entities need to make.

Actions Rendering Providers/Legal Entities Will Need to Take (Attachment 2):

The following three staff categories will NOT automatically be updated based on the Reports sent in:

- Waiver Psychologists
- Registered Social Workers
- Resident Licensed psychiatrist/physicians

A Rendering Provider application/form will need to be submitted in accord with the directions below for the above categories of staff who will need to select the Taxonomy they would like to use. If a Billing Provider determines that all staff in the above categories were placed on the correct Taxonomy on the Report previously submitted to Quality Assurance, an e-mail may be sent to Jennifer Hallman (jeberle@dmh.lacounty.gov) stating that these staff should remain on the Taxonomy noted on the Report.

DMH PROGRAM HEADS/CONTRACT EXECUTIVE DIRECTORS

May 9, 2011

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In addition to the above categories of staff that will need to be updated, changes may be needed for any of the Rendering Provider categories for which LAC-DMH may be making an automatic update. **For the Taxonomies we have identified that we will begin updating based on the previously submitted Taxonomy Reports (see LAC-DMH Action in Attachment 2), staff may choose to select a different Taxonomy based on the Newly Updated List of Taxonomies (Attachment 1).** In this case, a new Rendering Provider application/form must be submitted in accord with the directions below.

How to Submit Changes to Rendering Providers:

Because the Rendering Provider On-Line application has not yet been updated with the new changes in Taxonomies, Providers must send a **PAPER Rendering Provider Form** to CIOB for any updates for the following Taxonomies until further notice. Please note that some of the following Taxonomies are among those in Attachment 1 and thus require a license/registration/certification or DEA. CIOB will look for this information when processing the paper Rendering Provider Form.

101YM0800X	1041S0200X	2084P0805X	364S00000X
101Y00000X	163W00000X	221700000X	364SC1501X
101YA0400X	163WA0400X	222Q00000X	364SP0807X
101YP2500X	163WC1500X	224Z00000X	364SP0808X
101YS0200X	163WP0807X	225600000X	364SP0809X
102X00000X	163WP0809X	225800000X	364SP0810X
103T00000X	171M00000X	225A00000X	364SP0811X
103TA0400X	172V00000X	225C00000X	364SP0812X
103TB0200X	1835G0000X	225X00000X	364SP0813X
103TC1900X	1835P1200X	225XM0800X	3747A0650X
103TC2200X	2084F0202X	363A00000X	390200000X
103TP2701X	2084P0802X	363L00000X	
104100000X	2084P0804X	363LC1500X	

Providers **must** use the ONLINE Rendering Provider Application for all other Taxonomy updates or Rendering Provider updates.

Providers may begin sending updates using either of these two methods for updating Taxonomies per this Memo and should make sure to use the Taxonomy Code and Description listed on Attachment 1 when submitting updates to staff Taxonomy.

Important Information

The IS Codes Manual has been updated with a complete list of available Taxonomies in the IS and the associated requirements.

If a Rendering Provider update is submitted, CIOB will no longer delete the old Taxonomy unless specifically told to do so on the Rendering Provider Form. Thus, Rendering Providers may have multiple Taxonomies in the IS. This will be particularly important for

enabling the proper Taxonomy to go on the claim for staff who were registered and then become licensed or for staff who may use different Staff Taxonomies in different settings.

The Taxonomy that a staff chooses in the LAC-DMH System should correspond with the Taxonomy that is associated with their NPI. If staff update their Taxonomy in the LAC-DMH System or in the National Plan and Provider Enumeration System (NPPES) for their NPI, a corresponding update should be made in the alternate system. Also, if LAC-DMH will be making a change to the Rendering Provider's Taxonomy based on Attachment 2 and the Rendering Provider agrees that this is an appropriate Taxonomy for him/her, the Rendering Provider should ensure that the Taxonomy associated with their NPI is also updated.

Current Status of Taxonomy in the Integrated System (IS):

All the Taxonomies noted in Attachments 1 are available in the IS; however, the system has not yet been configured to send the Taxonomy on the Outbound claim. If you have questions on the impact this will have on specific claims, please contact the Revenue Management Division (revenuemanagement@dmh.lacounty.gov) for information on managing the claim or the CIOB Helpdesk (213-351-1335) for technical assistance.

For EDI Local Plan (LP) Providers:

EDI Local Plan Providers may begin updating their system with any of the new Taxonomies or updates needed to Taxonomies and submit these Taxonomies on claims to LAC-DMH. EDI LP providers do not have to wait for LAC-DMH to update its system.

For DDE LP Providers:

Taxonomy updates based on the Taxonomy Reports sent in will begin the week of May 16th. Providers should monitor the IS280 Report to see if their Taxonomy updates have been made in the IS. Due to the volume of changes that have to be made, please allow time for CIOB to make the changes.

Questions:

If you have questions regarding this memo, there will be a conference call/web-ex on **May 11th from 1:00 pm to 2:00 pm** respond to questions. See below information to access the conference call and Webex:

Conference Call:

Call in Number: (877) 322-9654

Participant Code: 509998

Webex:

Go to: <https://dmh.webex.com/dmh>

Search for Topic Name: Taxonomy

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If you have questions after the Webex/Conference Call, please email Marilou Joguilon at mjoguilon@dmh.lacounty.gov.

Thank you for your endurance as we venture haltingly into the new, strange and complex world of compliance with federal codes and working to successfully navigate between many opposing forces.

Attachments

c: Robin Kay, Ph.D.
Executive Management Team (EMT)
Deputy Directors
District Chiefs
SA QA Liaisons & QA Division staff
Revenue Management Division
CLOB staff via Charlie Diaz
Judith Miller, Compliance Officer
Pansy Washington, Managed Care
Joyce Fantroy
Jennifer Hallman
ACHSA via TJ Hill

LAC-DMH UPDATED TAXONOMY LIST

Table A

Staff Discipline	Taxonomy	Taxonomy Description	License Registration Certification	DEA
Licensed Pharmacist	1835G0000X	Pharmacist, General Practice	X	
	1835P1200X	Pharmacist, Pharmacotherapy		
	1835P1300X	Pharmacist, Psychiatric		
Licensed Physician Assistant (DEA)	363A00000X	Physician Assistant	X	X
Licensed Psychiatric Technician	167G00000X	Licensed Psychiatric Technician	X	
MFT (Licensed or Registered)	106H00000X	Marriage and Family Therapist	X	
Vocational Nurse (Licensed)	164X00000X	Licensed Vocational Nurse	X	
Nurse (Registered)	163W00000X	Registered Nurse	X	
	163WA0400X	Registered Nurse, Addiction (Substance Use Disorder)		
	163WC1500X	Registered Nurse, Community Health		
	163WP0807X	Registered Nurse, Psychiatric/Mental Health Child & Adolescent		
	163WP0808X	Registered Nurse, Psychiatric/ Mental Health		
	163WP0809X	Registered Nurse, Psychiatric/Mental Health Adult		
Nurse Practitioner (Certified, DEA)	363L00000X	Nurse Practitioner	X	X
	363LC1500X	Nurse Practitioner, Community Health		
	363LP0808X	Nurse Practitioner, Psychiatric/ Mental Health		
Nurse, Clinical Specialist	364S00000X	Clinical Nurse Specialist	X	
	364SC1501X	Clinical Nurse Specialist, Community Health/Public Health		
	364SP0807X	Clinical Nurse Specialist Psychiatric/Mental Health Child & Adolescent		
	364SP0808X	Clinical Nurse Specialist, Psychiatric/Mental Health		
	364SP0809X	Clinical Nurse Specialist Psychiatric/Mental Health Adult		
	364SP0810X	Clinical Nurse Specialist Psychiatric/Mental Health Child & Family		
	364SP0811X	Clinical Nurse Specialist Psychiatric/Mental Health Chronically Ill		
	364SP0812X	Clinical Nurse Specialist Psychiatric/Mental Health Community		
	364SP0813X	Clinical Nurse Specialist Psychiatric/Mental Health Geropsychiatric		
Physician, Licensed, DEA, non-resident	208D00000X	Physician, General Practice	X	X
Psychiatrist, Licensed, DEA, non-resident	2084F0202X	Physician, Forensic Psychiatry	X	X
	2084P0800X	Physician, Psychiatry		

LAC-DMH UPDATED TAXONOMY LIST

Staff Discipline	Taxonomy	Taxonomy Description	License Registration Certification	DEA
Psychiatrist, Licensed, DEA, non-resident	2084P0802X	Physician, Addiction Psychiatry		
	2084P0804X	Physician, Child & Adolescent Psychiatry		
	2084P0805X	Physician, Geriatric Psychiatry		
Suggested: Physician/Psychiatrist (Licensed, Resident)	174400000X	Specialist	X	X
Psychologist (Licensed)	103T00000X	Psychologist	X	
	103TA0400X	Psychologist, Addiction (Substance Use Disorder)		
	103TA0700X	Psychologist, Adult Development & Aging		
	103TB0200X	Psychologist, Cognitive & Behavioral		
	103TC0700X	Psychologist, Clinical		
	103TC1900X	Psychologist, Counseling		
	103TC2200X	Psychologist, Clinical Child & Adolescent		
	103TP2701X	Psychologist, Group Psychotherapy		
Social Worker (Licensed)	104100000X	Social Worker	X	
	1041C0700X	Social Worker, Clinical		
	1041S0200X	Social Worker, School		

Table B

Staff Discipline	Taxonomy	Taxonomy Description
Staff discipline in accord with federal definitions for the taxonomy	101Y00000X	Counselor
	101YA0400X	Counselor, Addiction (Substance Use Disorder)
	101YP2500X	Counselor, Professional
	101YS0200X	Counselor, School
	102X00000X	Poetry Therapist
	171M00000X	Case Manager/Care Coordinator
	172V00000X	Community Health Worker
	221700000X	Art Therapist
	222Q00000X	Developmental Therapist
	224Z00000X	Occupational Therapy Assistant
	225400000X	Rehabilitation Practitioner
	225600000X	Dance Therapist
	225800000X	Recreation Therapist
	225A00000X	Music Therapist
	225X00000X	Occupational Therapist
	225XM0800X	Occupational Therapist, Mental Health
	374700000X	Technician
	3747A0650X	Technician, Attendant Care Provider

Table C

Staff Discipline	Taxonomy	Taxonomy Description
Student of any discipline	390200000X	Student in an Organized Health Care Education/Training Program

JANUARY 24 TAXONOMY LIST ACTIONS TO BE TAKEN

STAFF CATEGORY	DMH DISCIPLINE DESCRIPTION	TAXONOMY CODE	PROVIDER ACTION	LAC-DMH ACTION
MFT	Marriage and Family Therapist, Licensed	106H00000X	No Action Required*	Will update based on Reports**
MFT	Marriage and Family Therapist, Intern (Registered)	101YM0800X	No Action Required*	Will be moved to MFT/106H00000X based on <u>description</u> written on Reports**
MFT	Marriage and Family therapist, Student	101Y00000X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Nurse	Clinical Nurse Specialist	364SP0808X	No Action Required*	Will update based on Reports**
Nurse	Clinical Nurse Specialist, Student	163WP0807X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Nurse	Licensed Vocational Nurse	164X00000X	No Action Required*	Will update based on Reports**
Nurse	Nurse Practitioner, Certified, DEA	363LP0808X	No Action Required*	Will update based on Reports**
Nurse	Nurse Practitioner, Student	163WP0809X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Nurse	Nursing Student	163W00000X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Nurse	Registered Nurse	163WP0808X	No Action Required*	Will update based on Reports**
Nurse	Vocational Nurse, Student	3747A0650X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Other Staff	Substance Abuse Counselor	101YA0400X	No Action Required*	Will update based on Reports**
Other Staff	Unlicensed Mental Health Worker, MHRS	225400000X	No Action Required*	Will update taxonomy code per Reports** but description will be changed to Rehabilitation Practitioner
Other Staff	Unlicensed Mental Health Worker, non-MHRS	171M00000X	No Action Required*	Will update taxonomy code per Reports** but description will be changed to Case Manager/Care Coordinator
Other Staff	Unlicensed Mental Health Worker, Student	390200000X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Other Staff	Art Therapist	221700000X	No Action Required*	Will update based on Reports**

JANUARY 24 TAXONOMY LIST ACTIONS TO BE TAKEN

STAFF CATEGORY	DMH DISCIPLINE DESCRIPTION	TAXONOMY CODE	PROVIDER ACTION	LAC-DMH ACTION
Other Therapist	Dance Therapist	225600000X	No Action Required*	Will update based on Reports**
Other Therapist	Music Therapist	225A00000X	No Action Required*	Will update based on Reports**
Other Therapist	Occupational Therapist	225X00000X	No Action Required*	Will update based on Reports**
Other Therapist	Poetry Therapist	102X00000X	No Action Required*	Will update based on Reports**
Other Therapist	Recreational Therapist	225800000X	No Action Required*	Will update based on Reports**
Pharmacist	Pharmacist, Licensed	1835P1300X	No Action Required*	Will update based on Reports**
Physician	Physician, Intern	174400000X	No Action Required*	Will update based on Reports**
Physician	Physician, Licensed, DEA	208D00000X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Physician	Psychiatric Resident, Unlicensed	111NR0400X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Physician	Psychiatrist, Licensed, Board Certified/Eligible, DEA	2084P0800X	No Action Required*	Will update based on Reports**
Physician	Psychiatric Resident, Licensed	111N10900X	Must submit a new Rendering Provider Form	Will take NO Action
Physician Assistant	Physician Assistant, Licensed, DEA	363A00000X	No Action Required*	Will update based on Reports**
Psychiatric Technician	Licensed Psychiatric Technician	167G00000X	No Action Required*	Will update based on Reports**
Psychiatric Technician	Psychiatric Technician, Student	374700000X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Psychologist	Licensed Psychologist	103TC0700X	No Action Required*	Will update based on Reports**
Psychologist	Psychologist, Registered/Waivered	225C00000X	Must submit a new Rendering Provider Form	Will take NO Action
Psychologist	Psychologist, Student	101YP2500X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**
Social Worker	Associate Clinical Social Worker (Registered)	101YM0800X	Must submit a new Rendering Provider Form	Will take NO Action
Social Worker	Licensed Clinical Social Worker	1041C0700X	No Action Required*	Will update based on Reports**

JANUARY 24 TAXONOMY LIST ACTIONS TO BE TAKEN

STAFF CATEGORY	DMH DISCIPLINE DESCRIPTION	TAXONOMY CODE	PROVIDER ACTION	LAC-DMH ACTION
Social Worker	Social Work, Student	101Y00000X	No Action Required*	Will be moved to Student/390200000X based on the <u>description</u> written on Reports**

* While there is No Action Required by the Provider, Rendering Providers in conjunction with their Legal Entities should ensure the action made by LAC-DMH is appropriate. If a Rendering Provider feels an action is needed other than what LAC-DMH will take, a NEW Rendering Provider form/application should be completed in accord with directions in the May 9th Memo.

** LAC-DMH will take action based on what was submitted on the Taxonomy Reports that each Provider sent to Quality Assurance in accord with instructions in the January 24 Memo.